

INDIANA DEPARTMENT OF HOMELAND SECURITY
CODE SERVICES SECTION
402 West Washington Street, Room W246
Indianapolis, IN 46204-2739
http://www.in.gov/dhs/fire/lp\_bs\_comm\_code/



INSTRUCTION: Please refer to the attached four (4) page instructions.	Variance number (Assigned by department)				
Attach additional pages as needed to complete this application.	15-01-	17 (a)			
1. APPLICANT INFORMATION (Person who would be in violation if variance is	not granted; usually this is	the owner)			
Name of the applicant	Title				
Bernida Egging Chapman	Vice President of Const	ruction, LLC			
Name of organization	Telephone number				
S-K Carmel, LLC	( 303 ) 360-8812				
Address (number and street, city, state, and ZIP code) 13390 N. Illinois St., Carmel, IN 46032					
2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If r	ot submitted by the applica	ent)			
Name of person on behalf of the applicant	Title				
Matt Delks	Sales Manager				
Name of organization	Telephone number				
KONE Inc.	( 317 ) 788-0061				
Address (number and street, city, state, and ZIP code) 5201 Park Emerson Drive, Suite O Indianapolis, IN 46203					
3. DESIGN PROFESSIONAL OF RECORD (If applicable)					
Name of design professional	License number				
Name of organization	Telephone number				
Address (number and street, city, state, and ZIP code)					
4. PROJECT IDENTIFICATION					
	State project number	County			
Name of project Carmel Senior Living elev. 1 & 2	State project number	Hamilton			
Sile address (number and street, city, state, and ZIP code)					
13390 N. Illinois St., Carmel, IN 46032					
Type of project: New Addition . Alteration	Change of occupancy	☐ Existing			
5. REQUIRED ADDITIONAL INFORMATION					
The following required information has been included with this application (check as	applicable):				
A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions)					
One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives.					
☑ Written documentation showing that the local fire official has received a copy of the variance application.					
Written documentation showing that the local building official has received a copy of the variance application.					
6. VIOLATION INFORMATION					
Has the Plan Review Section of the Division of Fire & Building Safety issued a Correction Order?					
Yes (if yes, attach a copy of the Correction Order)   No					
Has a violation been issued?					
Violation issued by:  Local Building Department  State Fire and Building Code Enforcement Section  Local Fire Department					

7. DESCRIPTION OF REQUESTED VARIANCE						
Name of code or standard and edition involved		Specific code section				
2007 Indiana Elevator Code (ASME A17.1-2007	<u> </u>	2.18,5 Minimum Number and D	liameter of Suspension Ropes			
Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary)  KONE EcoSpace Elevators with a capacity of 3,000-5,000# utilize 6mm steet wire governor rope instead of the required minimum dia. of 9,5mm per Section 2.18.5. Per the attached documentation, these cables meet ASME code Section 2.18.5.1 Factor of Safety.						
8. DEMONSTRATION THAT PUBLIC HEALTH, SA	AFETY, AND V	VELFARE WILL BE PROTECTED				
Select one of the following statements:						
☐ Non-compliance with the rule will not be adverse	to the public	health, safety or welfare; or				
Applicant will undertake alternative actions in lieu to public health, safety, or welfare. Explain why	Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (be specific).					
Facts demonstrating that the above selected statement is true:  Refer to attached Rope Approval Binder and Section 3 inside the binder which has a copy of an independent 3rd party testing agency verifying the braking strength of the ropes						
KONE will also provide a (if requested by the State of Indiana) rope gauge to each elevator inspector. These gauges measure the diameter of the ropes and determine if the ropes need to be replaced due to wear or rouging. (See attached Rope Gauge)						
9. DEMONSTRATION OF UNDUE HARDSHIP OR	HISTORICA	LY SIGNIFICANT STRUCTURE				
	HIGHORIOA	CET CIGNITION OF TREGTORE				
Select at least one of the following statements:						
Imposition of the rule would result in an undue hardship (unusual difficulty) because of physical limitations of the construction site or its utility services.						
Imposition of the rule would result in an undue he building or structure.	ardship (unus	ual difficulty) because of major operat	tional problems in the use of the			
Imposition of the rule would result in an undue har elements.	dship (unusua	I difficulty) because of excessive costs	of additional or altered construction			
$\hfill\Box$ Imposition of the rule would prevent the preserv	ation of an arc	hitecturally or a historically significant	t part of the building or structure.			
Facts demonstrating that the above selected statement is true:  This elevator application deletes the need to build an elevator penthouse therefore lowering overall building costs. The elevator technology is addressed by and complies with more recent elevator standards not currently adopted by the State of Indiana.						
			•			
10. STATEMENT OF ACCURACY						
I hereby certify under penalty of perjury that the inform	nation contain	ed in this application is accurate.				
Signature of applicant or person submitting application						
	Matt Delks	*				
Signature of design professional (if applicable)	Please print n	ame	Date of signature (month, day, year)			
11. STATEMENT OF AWARENESS (If the application is submitted on the applicant's behalf, the applicant must sign the following statement)						
I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.						
Signature of applicant	Please print n		Date of signature (month, day, year)			
BIBLIA SSMSChaman	Bernida Fa	ging Chapman	12/04/2014			



#### INDIANA DEPARTMENT OF HOMELAND SECURITY CODE SERVICES SECTION

402 West Washington Street, Room W246 Indianapolis, IN 46204-2739 http://www.in.gov/dhs/fire/fp\_bs\_comm\_code/



INSTRUCTION: Please refer to the attached four (4) page instructions.

Attach additional pages as needed to complete this application.

Variance number (Assigned by department)

15-01-17(6)

1. APPLICANT INFORMATION (Person who would be in violation if variance is	not granted; usually this is	the owner)		
Name of the applicant	Title			
Bernida Egging Chapman	Vice President of Const	ruction		
Name of organization S-K Carmel, LLC	Telephone number (303 ) 360-8812			
Address (number and street, city, state, and ZIP code)				
13390 N. Illinois St., Carmel, IN 46032				
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Name of person on behalf of the applicant  Matt Delks	Title Sales Manager			
Name of organization	Telephone number			
KONE Inc.	(317)788-0061			
Address (number and street, city, state, and ZIP code)	<u> </u>			
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Name of design professional	License number			
Name of organization	Telephone number			
	( )			
Address (number and street, city, state, and ZIP code)				
4. PROJECT IDENTIFICATION				
Name of project	State project number	County		
Carmel Senior Living		Hamilton		
Site address (number and street, city, state, and ZIP code) 13390 N. Illinois St., Carmel, IN 46032		<u>,</u>		
Type of project:	☐ Change of occupancy	☐ Existing		
5. REQUIRED ADDITIONAL INFORMATION				
The following required information has been included with this application (check as	annlicable)†			
A check made payable to the Indiana Department of Homeland Security for the		nuctions)		
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Has the Plan Review Section of the Division of Fire & Building Safety issued a Correction Order?				
☐ Yes (if yes, attach a copy of the Correction Order) ☐ No				
Has a violation been issued?  Yes (if yes, attach a copy of the Violation and answer the following)  V No				
Thus a violation poor, isolated.				
Violation issued by:				

7. DESCRIPTION OF REQUESTED VARIANCE Name of code or standard and edition involved		Specific code section				
2007 Indiana Elevator Code (ASME A17.1-2007	7)	2.20.4 Minimum Number and D	iameter of Suspension Ropes			
Nature of non-compliance (include a description of spaces, equipment, etc. involved as necessary)  KONE EcoSpace Elevators with a capacity of 3,000-5,000# utilize 8mm steel wire rope suspension cable instead of the required minimum dia. of 9.5mm per Section 2.20.4. Per the attached documentation, these cables meet ASME code Section 2.20.3 Factor of Safety along with the minimum number of ropes required in Section 2.20.4						
B. DEMONSTRATION THAT PUBLIC HEALTH, SA	AFETY, AND V	VELFARE WILL BE PROTECTED				
Select one of the following statements:						
☐ Non-compliance with the rule will not be adverse	e to the public f	nealth, safety or welfare; or				
Applicant will undertake alternative actions in lieu to public health, safety, or welfare. Explain why	Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (be specific).					
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KONE will also provide a (if requested by the State of Indiana) rope gauge to each elevator inspector. These gauges measure the diameter of the ropes and determine if the ropes need to be replaced due to wear or rouging. (See attached Rope Gauge)						
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Select at least one of the following statements:		,	,			
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Imposition of the rule would result in an undue hardship (unusual difficulty) because of excessive costs of additional or altered construction elements.						
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Facts demonstrating that the above selected statement is true:  This elevator application deletes the need to build an elevator penthouse therefore lowering overall building costs. The elevator technology is addressed by and complies with more recent elevator standards not currently adopted by the State of Indiana.						
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10. STATEMENT OF ACCURACY						
I hereby certify under penalty of perjury that the information contained in this application is accurate.						
Signature of applicant or person submitting application	Please print no	ame	Date of signature (month, day, year)			
Matt Delks Signature of design professional (if applicable) Please print name Date of signature (month						
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I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.						
Signature of applicant	Please print n		Date of signature (month, day, year)			
Idulla ExTMS-Chimman	Bernida Fø	ging Chapman	12/04/2014			



### CERTIFICATE OF CONFORMANCE

Acting under ASME A17.7 1/CSA 844.7.1 issued by Liftinstituut B V identification number ANSI AECO #3842 (AECO # Accredited Elevator/Escaiator Certification Organization) Certification system 3 according to ISO Guide 67, 2004

Certificate no.

NA 09-0842-1004-001-01

Revision

2

Description of the product :

Wire ropes for traction elevator applications

Rating, type, model no.

6 mm (PAWO F1, 6x19S+PP) wire rope for overspeed governors, 8 mm (PAWO F3, 8x19S+8x7+PP) wire ropes

for elevators

Name and address of the : manufacturer

Gustav Wolf, Sundenstr. 40 D - 33332 Gütersloh, Germany

Wuxi Universal Steel Rope CO.,LTD.

12, Xinminroad(E), Dongtingtown, Xishancity, Jiangsu

China

Name and address of the :

certificate holder

KONE North American Corporate

One KONE Court, Moline, Illinois 61265

United States of America

Certificate issued on the displaying

requirements

ASME A17.7-2007 / CSA B44.7-07 I-3 Certification of Components

Test laboratory/location

Kone Elevators Reliability Laboratory

Hyvinkää, Finland

Date and number of the

laboratory report

February 27<sup>th</sup>, 2002, LAB-09.02.001 April 15<sup>th</sup>, 2002, LAB-09.02.003

Date of verification of

conformance

April 15", 2002, LAB-09.02.003

June 2009 – September 2009, July 2012

Annexes with this

Certificate of Conformance Report

certificate

no: NA 09-0842-1004-001-01

Additional remarks

For GESRs, SPs and other information see supporting

report.

Conclusion

The Component meets the requirements of the ASME

A17.7-2007 / CSA B44.7-07, taking into account any

additional remarks mentioned above.

Issued in Amsterdam

Date of issue: July 27th, 2012

ing. A.J. van Ommen Manager Business Unit

Certification

Valid thru

: July 27th, 2015

Certification decision by

Cartt9 35EO 005-v1 9



## CERTIFICATE OF CONFORMANCE

Acting under ASME A17.7.1/CSA B44.7.1 issued by Liftinstituut B.V. identification number ANSI AECO #0842 (AECO = Accredited Elevator/Escalator Certification Organisation) Certification system 3 according to ISO Guide 57 2004

Certificate no

NA 09-0842-1004-001-01

Revision

1.0

Description of the product:

Wire ropes for traction elevator applications

Rating type, model no.

6 mm (PAWO F1, 6x19S+PP) wire rope for overspeed governors 8 mm (PAWO F3, 8x18S+8x7+PP) wire ropes

for elevators

Name and address of the :

manufacturer

Gustav Wolf, Sundenstr. 40 D - 33332 Gütersloh, Germany Wuxi Universal Steel Rope CO.,LTD.

12, Xinminroad(E), Dongtingtown, Xishancity Jiangsu

China

Name and address of the :

certificate holder

KONE North American Corporate

One KONE Court, Moline, Illinois 61265

United States of America

Certificate issued on the

basis of the following

requirements

ASME A17.7-2007 / CSA B44.7-07

I-3 Certification of Components

Test laboratory/location

Kone Elevators Reliability Laboratory

Hyvinkää, Finland

Date and number of the

laboratory report

February 27<sup>th</sup>, 2002, LAB-09.02.001 April 15<sup>th</sup>, 2002, LAB-09.02.003

Date of verification of

conformance

June 2009 - September 2009

Annexes with this

certificate

Certificate of Conformance Report

Additional remarks

no. NA 09-0842-1004-001-01

For GESRs, SPs and other information see supporting

report.

Conclusion

The Component meets the requirements of the ASME

A17.7-2007 / CSA B44.7-07, taking into account any

additional remarks mentioned above

Issued in Amsterdam

Date of issue :

September 9<sup>th</sup>, 2009

Valid thru

gar 15 18 12 12 12

September 9th, 2012

Liftinstituut B.V.

Senior Officer Certification and Technology

#### FTINSTITUUT

# CATE OF CONFORMANCE

Acting under ASME A17.7 1/CSA B44.7.1 issued by Liftinstituut B.V. ident.fication number AECO 0842. March 12th 2009 (AECO = Accredited Elevator/Escalator Certification Organisation) Certification system 3 according to ISO Guide 67, 2004

Certificate no.

NA 09-0842-1004-001-01

Revision

Description of the product:

Wire ropes for traction elevator applications

Trademark, type

6 mm wire rope for overspeed governors, 8 mm wire ropes

for elevators

Name and address of the

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Gustav Wolf, Sundenstr. 40

D - 33332 Gütersloh, Germany

Wuxi Universal Steel Rope CO.,LTD

12 Xinminroad(E), Dongtingtown, Xishancity, Jiangsu

China

Name and address of the

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United States of America

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Test laboratory/location

Kone Elevators Reliability Laboratory

Hyvinkää, Finland

Date and number of the

laboratory report

February 27\*\*, 2002, LAB-09.02.001 April 15<sup>th</sup>, 2002, LAB-09.02.003

Date of verification of

conformance Annexes with this

certificate

June 2009 – September 2009

Report belonging to the certificate of conformance

no: NA 09-0842-1004-001-01

Additional remarks

For GESRs. SPs and other information see belonging

report.

Conclusion

The Component meets the requirements of the ASME A17.7-2007 / CSA B44.7-07, taking into account any

additional remarks mentioned above.

Issued in Amsterdam

Date of issue :

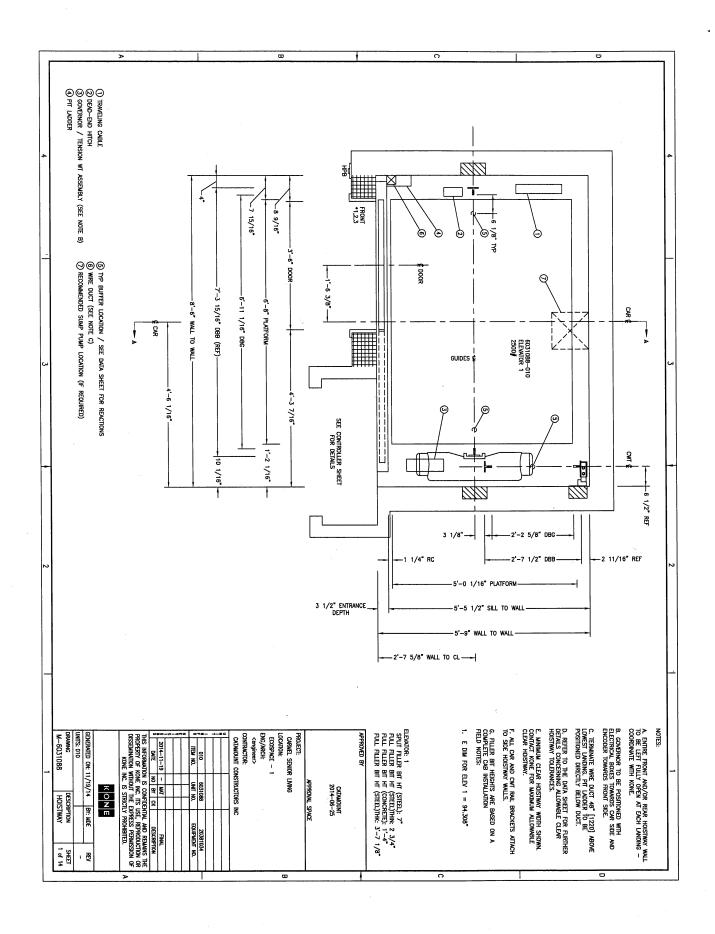
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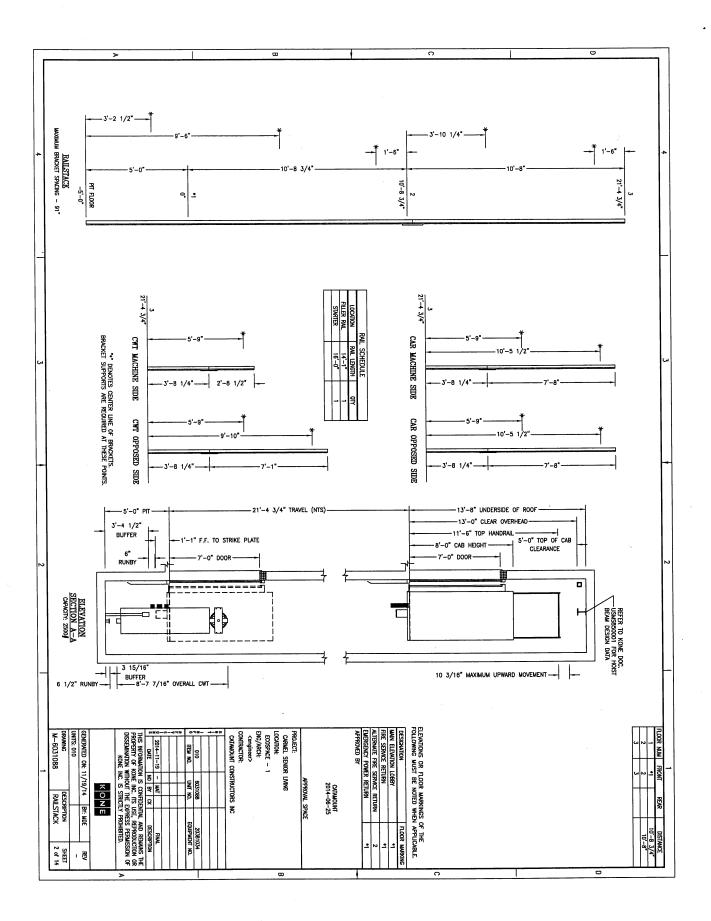
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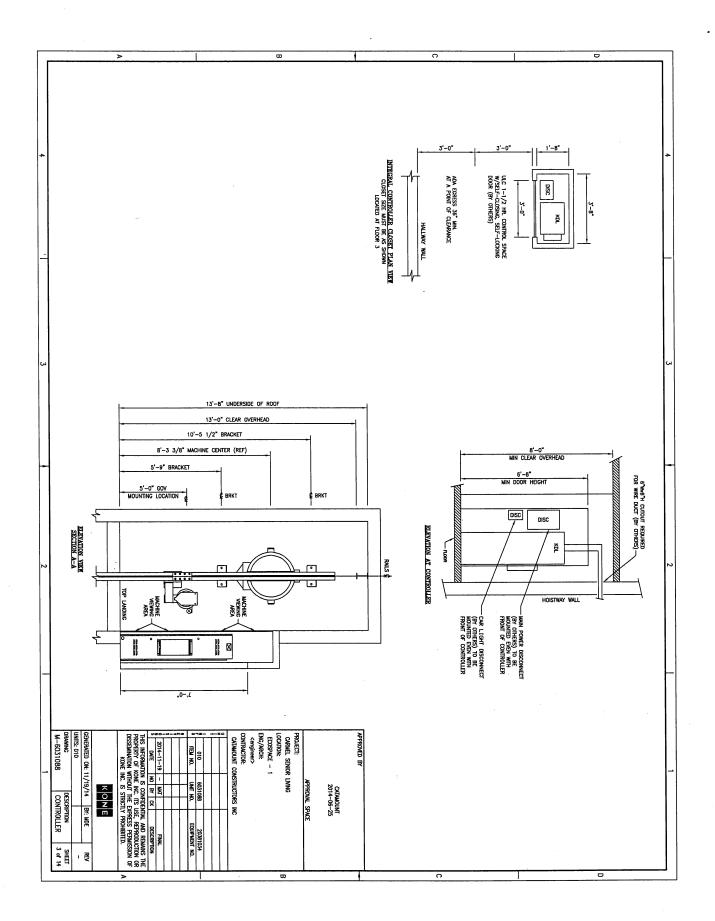
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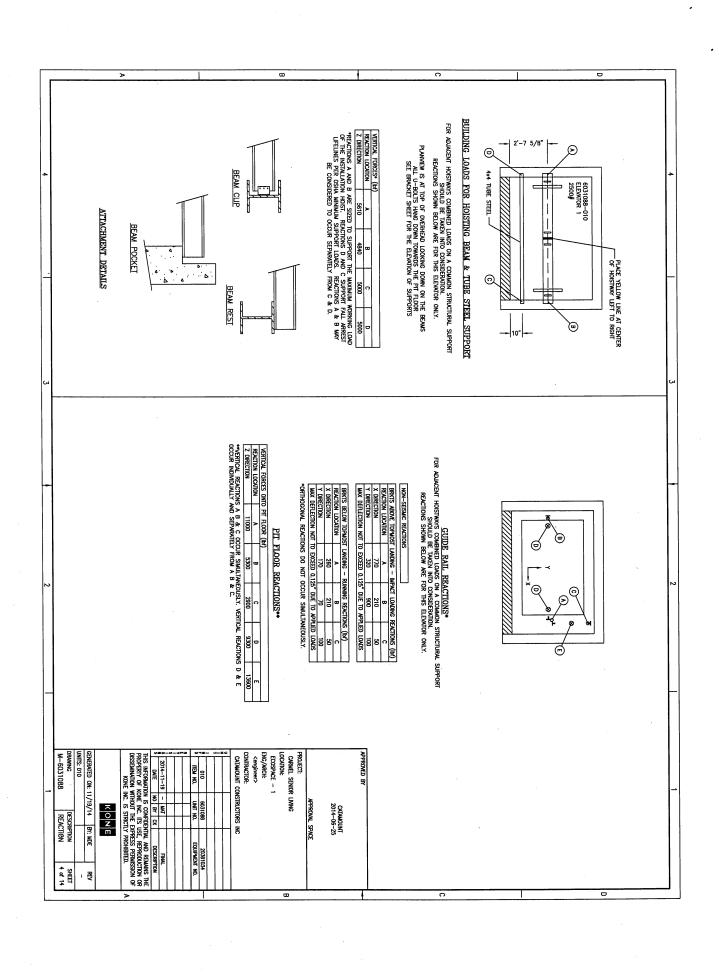
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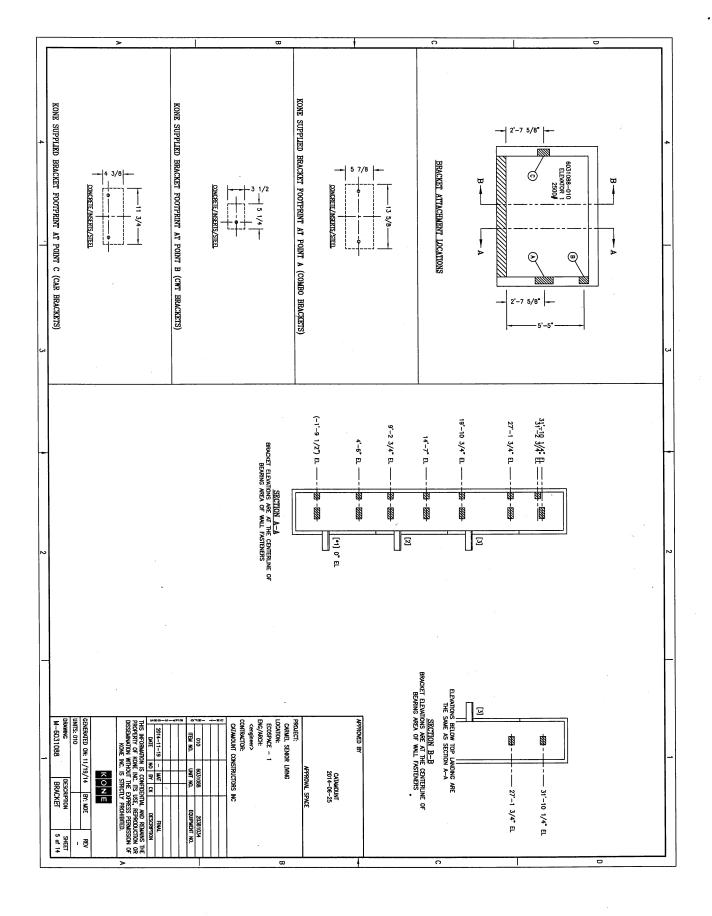
Senior Officer Certification and Technology

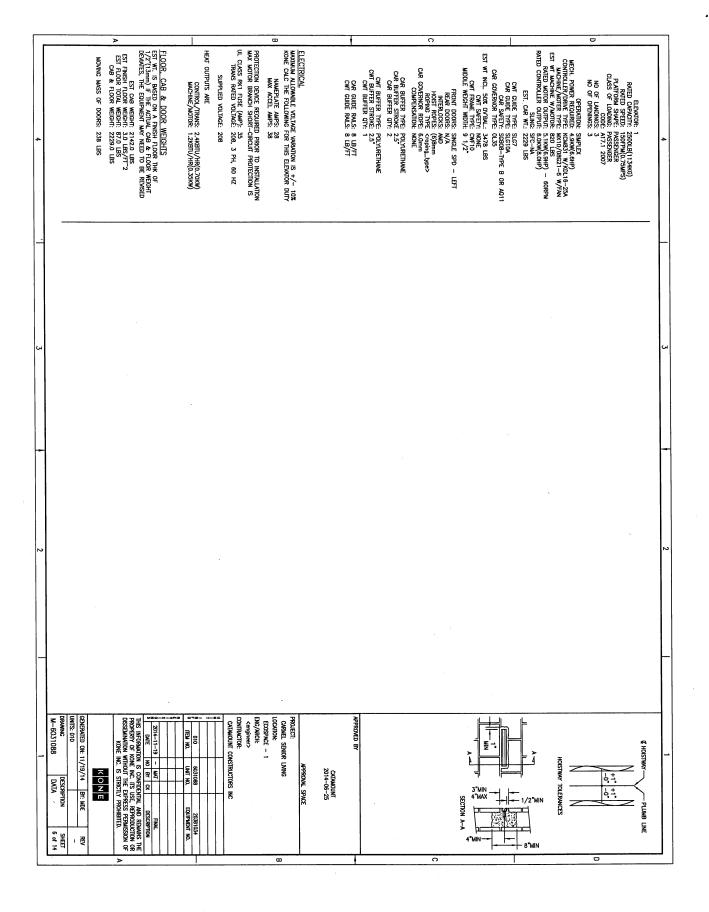












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18. Provide and cost. PURCHASER TO PROVIDE THE FOLLOWING IN ACCORDANCE WITH CODE REQUIREMENTS ONERH-07-05/5.

ONERH-07-05/5.

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PREDICATE CONTRACTOR PROPRIES IN ACCIDENTES MINI CAMBINA ELECTRICAL CODE, CZZ.1 SETION 33 OR ANY 12. CANADAM APPLICATION. WHER I SHALE ELDANGE S INSTALLE NA HOSIMAY MAD A PORDION OF THE TRANSL EDITIONS HORSE THAT LIKE (SET).

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SA FRANCE SHALE LINBS WITH GENERAL SPACE SA ALMAST IN THE HISTING AT HE TIP LIMBS SWITCH SWITCH STREET SWITCH ALL HORSOLDS HAVE DEED ENABLED AND SWITCH SWIT CONTROL SPACE/ MACHINE ROOM acts) dor swil ie schen Amer umunkried noze, ii swil ie set-closik, sel-locor am operate rom ii Coss) dor swil ie schen Amer umunkried noze, ii swil ie set-closik, sel-locor am operate rom iiie ALL APPLICABLE SLEEVES, OR PENETRATIONS, LOCATED PER ICS PANEL PLAN WEN ON THE KONE FINAL APPROVED LAYOUT CONTRACTOR ENG/ARCH: LOCATION: PROJECT: M-6031088 CARMEL SENIOR LMING HIS INFORMATION IS CONFIDENTIAL AND REMAINS THE ROPERTY OF KONE INC. ITS USE, REPRODUCTION OR RESEMINATION WITHOUT THE EXPRESS PERMISSION OF KONE INC. IS STRICTLY PROHIBITED. <engineer> ECOSPACE - 1 NERATED ON: 11/19/14 0. UNIT NO. CONSTRUCTORS APPROVAL SPACE ~ 0 **z** m CONTRACT BY: MDE 20381034 EQUIPMENT NO. SHEET 8 of 14 7

